



*[Handwritten signature]*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )

MACHIDA ET AL. )

Application Number: 10/583,862 )

Filed: June 21, 2006 )

For: DEVICE AND METHOD OF )  
MANUFACTURING THE SAME )

Attorney Docket No. ASAM.0205 )

Art Unit 2815

Examiner  
Allan R. Wilson

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

☒ The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	6	8	14 (Over 20)	x \$52	0
Independent Claims	2	1	(Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	\$0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

☒ Response and Amendment to Office Action  
(with claim amendments)

☐ Terminal Disclaimer

☐ Preliminary Amendment

☐ Other: \_\_\_\_\_

☒ Petition for Extension of Time 1 months

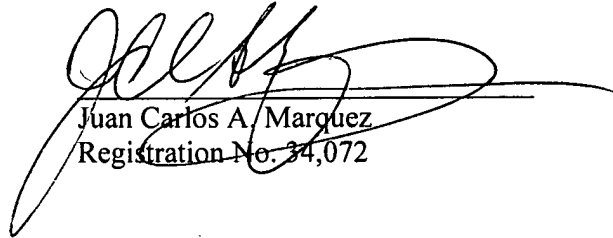
☐ Information Disclosure Statement

☐ Letter to Draftsperson with \_\_\_ sheets of  
replacement drawings

☐ RCE

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_.
- [ x ] Credit card information for **\$130.00** to cover the one-month extension fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 12-0555**.

Respectfully submitted,



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